

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
OFFICE OF PESTICIDE MANAGEMENT

## PESTICIDE DISPOSAL PROGRAM SURVEY

LOCALITY \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

LOCATION ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

TELEPHONE NUMBER	SHEETS ATTACHED	ADDITIONAL
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LIST ONLY THOSE PESTICIDE(S) WHICH ARE CURRENTLY BEING STORED THAT **REQUIRE DISPOSAL** (PESTICIDES CANCELED OR UNWANTED) IF THE PESTICIDE IS UNKNOWN OR UNLABELLED, LIST IT AS "UNKNOWN". AND COMPLETE THE OTHER COLUMNS. THE SURVEY FORM MUST BE FILLED OUT COMPLETELY AND ACCURATELY. IF PARTIALLY FILLED PACKAGE, ESTIMATE QUANTITY AS CLOSELY AS POSSIBLE. USE COMPLETED SURVEY FORMS TO:

D. J. SCHWEITZER  
VDACS  
P. O. BOX 1163  
RICHMOND, VA 23218

[illegible]

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